

EASTERN IDAHO PUBLIC HEALTH

EMPLOYEE HANDBOOK POLICY REVIEW

4/16/15

Policies for Review:

1. Audio-Visual Equipment
2. Automated External Defibrillator (AED)
3. Benefits
4. Biohazardous and Chemical Materials
5. Breastfeeding Mothers – Reasonable Break Time
6. Clean Indoor Air Policy
7. Client Bill of Rights
8. Confidentiality
9. Compensation
10. Computer Use Access and Security
11. Conference/Meeting Room Usage
12. Continuing Education

AUDIO-VISUAL EQUIPMENT

Equipment

Each Division and satellite office should maintain a list of all audio-visual equipment.

Scheduling

The use of any audio-visual equipment that has not been assigned to a specific division or program is scheduled through the IT department. Each department should maintain a schedule for checking out audio-visual equipment. Never take any equipment, even for a short time, without scheduling it first.

Responsibility

When a staff member checks out any equipment, he/she is responsible for stating when they plan on using that equipment and when the equipment will be returned. If you do not know how to operate the piece of equipment, get instructions from someone who does before using it. Any problems noted with the equipment must be reported to the supervisor upon check-in for repairs to be made.

Check-out Policy

Only EIPH staff may be allowed to check out equipment for work-related duties. It is **NOT** to be loaned to any other agency, facility, organization, or to be used for personal use.

AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

Location of AEDs

Automated External Defibrillators (AEDs) are located in all EIPH offices, except Mud Lake, Dubois, and Mackay. All staff should familiarize themselves with the location of the device in the office(s) in which he/she works.

Indications for AED Use

The AED is intended to be used by personnel who have been trained in CPR and AED use. This training will conform to the American Heart Association (AHA) Heartsaver AED standards. The AED is indicated for emergency treatment of victims exhibiting symptoms of sudden cardiac arrest who are unresponsive and not breathing.

Emergency Medical Response Plan Activation

Any employee witnessing or being made aware of a medical emergency in EIPH facilities in which CPR or AED use is indicated should follow these steps:

1. Page "Code Blue to (area that incident is occurring), Code Blue to (area that incident is occurring)."
2. Call or assign someone to call "911" to report the emergency.
3. If trained, initiate CPR until help arrives. This could include use of the AED if indicated. This should be done in accordance with the American Heart Association's CPR/AED Protocol.
4. After the incident, if the AED was used, complete the [AED Incident Use Report Form \(Appendix J\)](#) and turn it in to the district's AED Coordinator as noted on the form.

APPENDIX J: AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) INCIDENT USE REPORT FORM

Date: _____ Time: _____

PATIENT INFORMATION

Name: _____

Address: _____

Age: _____ Gender: Male ☐ Female ☐

Witnessed Arrest:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Breathing upon arrival of designated responders:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pulse upon arrival of designated responders:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bystander CPR:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cardiac arrest after arrival:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Number of defibrillation shocks: _____

Comments: _____

Rescuer Name: _____

Rescuer Signature: _____

Once this form is completed, give it to EIPH's AED Coordinator, Tammy Cox.

BENEFITS

EIPH employees receive the same benefits as state employees. Benefits are available to all employees who are expected to work at least twenty (20) hours per week for a period of at least five (5) months. Further information regarding employee benefits can be found on the State of Idaho Employee Portal at <http://employee.idaho.gov>. EIPH's Human Resources Specialist can assist you with enrollment, changes, additional information and any questions you may have.

INSURANCE

EIPH employees' insurance information is accessible through Idaho's Department of Administration, Office of Group Insurance.

Department of Administration - Insurance <http://ogi.idaho.gov/employees>

On this site, employees can find information on the following topics:

Health Promotion

Benefits Summary & Plan Contracts

Premium Rates

Medical Plans

Dental Plans

Vision Plans

Prescription Drug

Flexible Spending Accounts

RETIREMENT

State employee retirement benefits information is accessible through PERSI, the Public Employment Retirement System of Idaho.

PERSI: <http://www.persi.idaho.gov/>

EMPLOYEE ASSISTANCE PROGRAM (EAP)

EAP benefits are included in each medical plan. The EAP is designed to provide short-term counseling services for you and your dependents (1 to 5 visits per person per benefit period with no copayment required). In addition to individual counseling, the EAP also includes Conflict Resolution and Critical Incident Stress Debriefing services (http://ogi.idaho.gov/employees/additional_benefits.html). Employees should consult their individual medical plan contract for more details about this service.

STATE HOLIDAYS

EIPH offices are closed on the following State Holidays.

Idaho State Holidays	
New Years Day	January 1st
Martin Luther King, Jr.-Idaho Human Rights Day	3rd Monday in January
Presidents' Day	3rd Monday in February
Memorial Day	Last Monday in May
Independence Day	July 4 th
Labor Day	1st Monday in September
Columbus Day	2nd Monday in October
Veterans Day	November 11th
Thanksgiving	4th Thursday in November
Christmas	December 25th

WORKERS COMPENSATION

Workers compensation insurance is a no-fault insurance policy which provides wage loss and medical benefits to workers with a job-related injury or disease. EIPH carries workers compensation insurance on all employees through the State Insurance Fund. Employees are covered beginning with their first day of work and during all hours when they are actually working.

Workers compensation insurance pays for “reasonable and necessary” medical care to treat a job-related injury or disease. Such care usually includes, but is not limited to: payment for emergency medical care, doctor bills, x-rays, medications, hospitalization, crutches, and some travel expenses required for medical care. Bills for medical treatment are sent by the medical care provider (physician, clinic, emergency room) directly to the State Insurance Fund and do not need to be paid by the employee.

In addition, if the physician confirms that an employee cannot immediately return to work because of the job-related injury or disease, the employee is eligible for temporary disability benefits until the physician releases the employee to return to work OR the condition has reached a point of maximum improvement. Normally, the employee qualifies for compensation for lost wages if he/she misses more than five (5) days of work or is hospitalized as an in-patient. If such a time loss exceeds fourteen (14) days, Workers Compensation will pay for the first five (5) days as well.

If an employee is able to return to part-time or modified work while recovering, but is receiving less than the usual earning, he/she may be entitled to temporary partial disability benefits. If the employee is determined to have permanent impairment, he/she may receive permanent partial impairment or disability benefits. For further information on these benefits, refer to the Idaho Industrial Commission.

Any job-related injury or disease must be reported immediately to the employee’s immediate supervisor, including when, where, and how the injury occurred. The employee is required to complete an [*Incident Report Form \(Appendix A\)*](#) or [*Medication Error Report Form \(Appendix B\)*](#) as soon as possible after the injury occurs and give it to his/her immediate supervisor who is to report the injury to the Human Resource Specialist. (If the immediate supervisor is not available, the incident should be reported directly to the Human Resource Specialist or EIPH Director).

EIPH has entered into a working relationship with Eastern Idaho Regional Medical Center (EIRMC) to provide occupational health services. Employees in the Idaho Falls office, whose injuries necessitate medical intervention, are to contact the Human Resource Specialist and he/she will contact EIRMC’s occupational health services that will designate a particular physician. Idaho law allows an employer to designate physicians for injured employees. If time is a factor or during evenings and weekends, the employee should go directly to the emergency department at the hospital or an emergency care facility. The physician will examine the employee, schedule necessary evaluative tests (such as x-rays, MRI’s, etc.), determine the treatment plan, make referrals for therapy and other treatments as indicated, determine work limitations, and issue the release to return to work when appropriate. **Employees can be held responsible for medical costs associated with their injuries if they decline to use the designated physicians.**

There are exceptions to the above plan. If an employee’s injury requires emergency treatment, he/she is to seek treatment immediately, reporting the injury as soon as possible afterwards. If an injury to an employee in a satellite county occurs, the employee should seek treatment locally and report the injury per the policy above.

APPENDIX A: INCIDENT REPORT FORM

PERSONAL INFORMATION

<input type="checkbox"/> Client	<input type="checkbox"/> Employee	In addition to this form the Workers Compensation – First Report of Injury or Illness form needs to be completed for an employee incident.	
Last Name	First Name	Middle Initial	Guardian Name (if Minor)
Address		City	State Zip
Phone		Date of Birth (mm/dd/yyyy)	

INCIDENT DESCRIPTION

Time of Incident (AM/PM)	Date of Incident	Location of Incident (Include the County or Office)						
Description of Incident (List body part affected, events leading up to incident and other contributing factors):								
MEDICAL SERVICES	DISPOSITION							
<input type="checkbox"/> Bandaged <input type="checkbox"/> Ice Pack <input type="checkbox"/> Rest <input type="checkbox"/> Exam <input type="checkbox"/> CPR <input type="checkbox"/> None Other: _____ Treated by: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <i>No Care Given</i> <i>Released</i> </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Not Needed <input type="checkbox"/> Client Refusal <input type="checkbox"/> To Parent <input type="checkbox"/> To Self </td> <td style="width: 33%; vertical-align: top;"> <i>Referral</i> <i>EMS / Ambulance</i> </td> </tr> <tr> <td></td> <td></td> <td style="vertical-align: top;"> <input type="checkbox"/> To Doctor <input type="checkbox"/> To Hospital / Clinic <input type="checkbox"/> Notified by EIPH Staff <input type="checkbox"/> Notified per Client Request <input type="checkbox"/> Transported Via Ambulance </td> </tr> </table> Other: _____ _____		<i>No Care Given</i> <i>Released</i>	<input type="checkbox"/> Not Needed <input type="checkbox"/> Client Refusal <input type="checkbox"/> To Parent <input type="checkbox"/> To Self	<i>Referral</i> <i>EMS / Ambulance</i>			<input type="checkbox"/> To Doctor <input type="checkbox"/> To Hospital / Clinic <input type="checkbox"/> Notified by EIPH Staff <input type="checkbox"/> Notified per Client Request <input type="checkbox"/> Transported Via Ambulance
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		<input type="checkbox"/> To Doctor <input type="checkbox"/> To Hospital / Clinic <input type="checkbox"/> Notified by EIPH Staff <input type="checkbox"/> Notified per Client Request <input type="checkbox"/> Transported Via Ambulance						
Corrective Action _____								

SIGNATURES

	Printed Name	Signature	Phone
Client/Guardian			
Witness			
Witness			

EASTERN IDAHO PUBLIC HEALTH STAFF

	Printed Name	Signature	Date
Employee Completing Form			
Supervisor			
Division Director			
Director			

Completed forms are kept in Human Resources.

APPENDIX B: MEDICATION ERROR REPORT FORM

CLIENT INFORMATION

Last Name	First Name	Middle Initial	Guardian Name (if Minor)
Address		City	State Zip
Phone		Date of Birth (mm/dd/yyyy)	

INCIDENT DESCRIPTION

Time of Incident (AM/PM)	Date	Location of Incident (Include County or Office)
Description of Incident (List events leading up to incident and other contributing factors)		
TYPE OF MEDICATION ERROR INVOLVED		
<input type="checkbox"/> Incorrect Client	<input type="checkbox"/> Incorrect Medication	
<input type="checkbox"/> Incorrect Dose	<input type="checkbox"/> Incorrect Time / Timing / Spacing	
<input type="checkbox"/> Incorrect Route	<input type="checkbox"/> Gave Expired Medication	
<input type="checkbox"/> Other		
Corrective Action:		

SIGNATURES

	Printed Name	Signature/Relationship	Phone
Client/Guardian, if Available			
Witness			
Witness			

EASTERN IDAHO PUBLIC HEALTH STAFF

	Printed Name	Signature	Date
Employee Completing Form			
Supervisor			
Division Director			
Director			

Copies: ☐ Original – Human Resources
 ☐ Yellow – Nurse Manager
 ☐ Pink – Division Director

BIOHAZARDOUS AND CHEMICAL MATERIALS

Be Aware

It is the responsibility of each employee to be aware of potential exposure to biohazard and chemical materials and the safety precautions necessary for the handling of such materials.

Handling

It is the responsibility of the employee to obtain the knowledge on how to safely handle any product prior to usage. Employees who have not been instructed in biohazardous and chemical handling precautions should not handle any of these products.

Each office has a binder that contains Material Safety Data Sheet (MSDS) on all chemicals used by EIPH.

BREASTFEEDING MOTHERS – REASONABLE BREAK TIME

EIPH shall provide reasonable break time for an employee to nurse or express breast milk for her nursing child for up to one year after the child's birth. EIPH shall provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used for this purpose. EIPH shall not be required to compensate an employee who exceeds reasonable break times for this purpose. Time allowed for nursing or expressing breast milk will be based on management decision.

CLEAN INDOOR AIR POLICY

PURPOSE

Due to the acknowledged dangers arising from exposure to environmental tobacco smoke and other indoor air pollutants, limiting exposure to indoor air pollutants is vital since air quality is linked to asthma, allergies, and other respiratory disorders. It is the intent of EIPH to provide a safe and healthy environment for its employees and customers. Therefore, the purpose of this policy is to address the issues that may have an impact on Health District staff and customers.

POLICY

In an effort to reduce the incidences of complications related to asthma, allergies, and/or other respiratory disorders, the following steps will be implemented in order to limit exposure to these particular indoor air pollutants by employees and customers of EIPH.

1. There will be no smoking or use of electronic cigarettes (e-cigs) or vaping allowed on EIPH premises at any time. Any use of these products or devices must be done off district property or in approved designated areas.
2. There will be no smoking or use of electronic cigarettes in EIPH vehicles at any time.
3. Only district-approved air deodorizers/fresheners are allowed for use in EIPH's buildings and vehicles. All products must be approved by the district's Custodial Foreman.
4. Candles, melts, warmers, sachets, diffusers, and other such scented materials are not allowed in EIPH offices.

CLIENT BILL OF RIGHTS

Clients of EIPH and their families have a right to expect that employees will comply with the following:

Access to Care

Individuals shall be accorded impartial access to treatment or services that are available regardless of race, color, sex, national origin, religion, age, handicap, sexual preference, or diagnosis.

Respect and Dignity

The client has the right to considerate, respectful service at all times and under all circumstances with recognition of his/her personal dignity.

Privacy and Confidentiality

The client has the right, within the law (Health Information Portability and Accountability Act – HIPAA), to personal and information privacy and to expect that all communications and records pertaining to his/her service will be treated as confidential. All clients are offered a copy of the District's privacy policy upon receiving services. The District's privacy policy is also available on the District's website.

Personal Safety

The client has the right to expect reasonable safety in obtaining Health District services. In the event a client is involved in an incident while obtaining services at EIPH, proper documentation of the event is required. District staff should complete either the [Incident/Damage Report Form \(Appendix A\)](#) or the [Medication Error/Clinic Services Injury Report Form \(Appendix B\)](#) and give it to his/her supervisor immediately for follow-up with the client.

Information

The client has the right to obtain from the staff responsible for coordinating his/her service, complete and current information regarding services to be provided. This information should be communicated in terms the client can reasonably be expected to understand.

Consent

The client has the right to reasonably informed participation in decisions involving his/her service. Teaching or counseling will be provided to enable the client to understand treatment or service options prior to his/her consent.

Refusal of Treatment

The client may refuse services to the extent permitted by law. The client has the right to present grievances about services without fear of discrimination or reprisal, to have grievances investigated, and to be informed of the resolutions.

Health District Program Charges

The client has the right to examine and receive an explanation of his/her bill regardless of source of payment. The client also has the right to be informed of the range of charges that apply to the services rendered.

Any client who believes their rights have been violated should be referred to the EIPH Director, Division Director, or Human Resource Specialist.

CONFIDENTIALITY

EIPH personnel and client information will be regarded as confidential and will be available only to authorized users for approved purposes

PERSONNEL CONFIDENTIALITY

Although some information about EIPH employees is a matter of public record, much of the information is not. The following is a breakdown of the type of information subject to disclosure and the circumstances under which such information may be disclosed.

All disclosures shall be coordinated through EIPH's Human Resources staff.

Personal Information

The following information is of a personal nature and is **never** subject to dissemination to outside parties without authorization from the individual concerned:

- social security number
- date of birth
- home address
- home or cell phone number
- marital status
- spouse's name
- number of dependents
- any other information regarding the employee's personal life

Information Contained in an Employee's Personnel File

The contents of an employee's personnel file are the property of EIPH; therefore, any information dissemination from the file shall be on a strictly limited basis. Documents in the personnel file shall not be photocopied or disseminated without prior approval of EIPH Human Resources staff. Performance evaluations shall in no way be disseminated to outside agencies, public or private.

"Outside agencies" **DO NOT** include the Division of Human Resources or State Controller's Office, where the official personnel records are maintained, nor does it include state agencies, since all state agencies are considered by law to be one employer.

Employment Verification

All requests for employment verification will be directed to the Human Resources office. Per Idaho Public Records Law, Section 9-340C, the following information can be disclosed of a current or former employee:

- Employment History
- Classification
- Pay Grade and Step
- Longevity
- Gross Salary and Salary History
- Status
- Workplace
- Employing Agency

All other information in an employee/applicant's personnel file is not available to the public without the written consent of the individual to whom the file pertains. All other personnel information relating to an employee includes, but is not limited to, information regarding: sex, race, marital status, birth date, home address, telephone number, applications, testing and scoring materials, grievances, correspondence, and performance evaluations.

CLIENT CONFIDENTIALITY

According to federal HIPAA regulations, confidential client information includes any information that directly or indirectly could lead to the identification of a person served by EIPH; any information that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

Release of Information

All requests for release of confidential client information will be handled in accordance with HIPAA regulations. Court orders and subpoenas will be referred to the appropriate Division Director who will review the subpoena and take appropriate action to comply with the subpoena's instructions as well as notify EIPH's Director of such action.

Protocol and Procedures

All EIPH employees, volunteers, interns and any others working on behalf of EIPH who may have access to EIPH offices will be provided with a copy of this policy and required to sign an acknowledgement of such which will be kept in the Human Resources office.

All client-specific records are strictly confidential and only personnel who have a “need to know” in the course of their job duties will have access to confidential records and information. All hardcopy client information is to be kept in a locked/secured area. File cabinets containing confidential information are to be locked when not in use. Confidential information should not be kept on removable electronic devices, such as a USB device.

Mail, Fax, and Telephone Protocol

Confidential information sent to EIPH by mail is to be addressed to a specific person, and marked “confidential” on the outside of the envelope. Only the person addressed on the envelope, or their representative with supervisory staff approval, will open the confidential mail.

All confidential information sent by fax must be addressed to a specific person and include a cover sheet stating that the information is confidential, and that disclosure, copying or distribution of the information by anyone other than the addressee is prohibited. Confidential information received at EIPH by fax is to be handled in a secure manner by placing the fax in an interoffice envelope and routing to the individual.

Confidential telephone discussions are to be completed with discretion, noting that conversations can be overheard by unintended audiences. Confidential information is never to be left on an answering machine. Confidential information relayed by cell phones or cordless phones is to be limited as much as possible, and avoided in public places.

Electronic Security

Information sent by e-mail is not secure. E-mail is not to be utilized to send confidential information unless it is encrypted.

All EIPH computers require a user name and password to access the network shared or mapped drives. Access to information stored on the network also requires system rights, which are set up by IT support staff.

Confidential information displayed on computer screens will be kept secure by viewing the information in a private area, using a screen saver, logging off, minimizing the program window, locking the workstation, or turning the monitor away when a person approaches the computer station. Refer to the Computer Use Access and Security policy for more details.

VIOLATIONS

Any violation of the EIPH confidentiality policy may result in disciplinary action, up to and including dismissal. Violations of federal HIPAA regulations can result in personal fines and imprisonment. Additionally, according to Idaho Code, it is a misdemeanor to willfully or maliciously disclose the content of any confidential public health record to a third party without the patient’s written authorization.

Examples of breaches of client confidentiality by EIPH employees could include, but are not limited to:

- Discussing client information in a public area.
- Leaving a copy of a client record in an unsecured or public area.
- Leaving a computer unattended in an accessible area with medical record unsecured.
- Looking up birthdates and/or address of family and friends.
- Reviewing a client record out of curiosity or concern for a client or reviewing a record of a public personality.
- Reviewing a record to use in a personal relationship.
- Using client information to compile a mailing list for personal use or to sell to others.

COMPENSATION

This is Idaho Division of Human Resources Policy (IDHR) that is applicable to all State of Idaho executive branch agencies, including EIPH. To access the policy, click here: [Section 1: COMPENSATION](#)

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It is the intent of EIPH to fund competitive employee compensation and benefit packages that will attract qualified applicants, retain employees who have a commitment to public service excellence, motivate employees to maintain high standards of productivity, and reward employees for outstanding performance. Maintaining a competitive compensation system is based on the following conditions and standards:

1. EIPH is not a state agency; therefore, can only compensate employees to the extent funding is available from the following sources: State General Funds, County Contributions, Fees Collected, and Contracts Awarded.
2. Advancement in pay shall be based on job performance and market changes.
3. Pay for performance shall provide faster salary advancement for higher performers based on a merit increase matrix. For more details about the matrix, contact your Division Director, the Fiscal Officer, or EIPH Director.

It is the intent of this policy to ensure a consistent and fair approach to EIPH's hiring process and to provide specific parameters which determines salary rates for newly hired and permanent employees.

EIPH adopts the Rules of Division of Human Resources and Personnel Commission, IDAPA 15.04.01 as required. [EIPH's Compensation Plan](#) (available on EIPH's intranet under the Administration section), which is updated annually, incorporates those items outlined in Idaho Code 67-5309B.

COMPUTER USE ACCESS AND SECURITY

All EIPH computers any other applicable devices (smart phones, tablets, etc.) require a user name and password to access the network shared or mapped drives. Access to information stored on the network also requires system rights, which are set up by IT support staff.

COMPUTER PASSWORDS

A password may be reset at any time by a network administrator by request, or at the request of a supervisor. Regardless, the user will be informed of the generic password which they will be required to change at their next logon attempt.

Password Length

- A password must be a minimum of 8 characters in length.
- There is not currently any regulation concerning a maximum password length.

Complexity Requirements

A password must contain characters from 3 of the 4 categories listed below:

1. UPPERCASE LETTERS [A-Z]
2. Lowercase letters [a-z]
3. Numerals [0-9]
4. Special Characters [! \$ % ^ * () ? ~ _ | < = > +] including spaces

A password may not contain any part of your given names or logon username.

Certain special characters should not be used: At @, single ' or double " quotation marks, percent %, period ., comma ,, apostrophe ', ampersand &, forward slash /, backward slash \, curly braces {} or square brackets [].

Automatic Account Access Lock

If you attempt to logon and are unsuccessful 20 times, consecutively, you will be forced to wait at least 20 minutes prior to attempting again.

Expiration

Passwords will expire every 90 days. You will be prompted to change your password once it has expired. Any new password will need to be unique in comparison to the prior 24 passwords used.

Retention and Security

EIPH employees are to never divulge passwords to anyone except the employee's immediate supervisor, Division Director, the EIPH Director, or members of the IT Staff. Instances requiring disclosure of an employee's password are extremely rare as the IT staff may change an employee's logon password at any time.

If the password needs to be written down, it should never be kept in or around an employee's work area or in any place accessible to others. Employees should memorize their credentials as quickly as possible and hard copies destroyed securely.

- Do not say the credentials while typing them or otherwise broadcast them.
- Do not reuse the credentials with any other logon process

Employees should be extremely cautious of any communication requesting any information about his/her logon or password, as NO ONE will ever request them via e-mail or unsolicited phone call. Requests for your user credentials will only be conducted in person and by the people identified previously.

First Logon / Password Reset Instructions

1. Enter the account logon, as it has been provided to you by the IT staff
2. Enter the initial password which has also been provided to you by the IT staff
3. You should be prompted to change your password immediately, and the Change Password screen will be displayed
4. After reviewing the aforementioned criteria for password complexity, enter your new password in the spaces provided

SCREEN LOCK

In an effort to not only protect the sensitive information of our clients, but also that of our personnel, and to ensure the proper handling of said information, EIPH requires the use of the Screen-Lock functionality of workstations to limit access from unauthorized sources.

EIPH's current policy dictates automatic Screen Lock after 10 minutes of inactivity (subject to change); however, employees should lock their workstations manually prior to leaving them unattended, regardless of time frame.

To conduct a manual Screen Lock = press and hold Windows key + L



Image of the Windows key on a keyboard (bottom left hand corner).

CONFERENCE/MEETING ROOM USAGE

EIPH has several meeting rooms available for use by district employees and other authorized outside agencies, including state, county, and city agencies and non-profit organizations (only non-profit organizations that have a public health mission; meeting rooms should not be scheduled for non-profit organizations that do not have a public health purpose or mission).

EIPH Meeting Rooms

Board Room (room 145)
WIC Classroom (Room 223)

FACHS Classroom (Room 186)
Environmental Health Meeting Room A (Room 107)

HPPS Classroom (Room 155)

EIPH Conference Rooms

North Conference Room (Room 103)

South Conference Room (Room 102)

EIPH Satellite Meeting Rooms

POLICY

1. EIPH staff should schedule meeting/conference rooms through the District's Outlook calendars. For training on how to schedule a room, please contact EIPH's IT staff.
2. Use of EIPH's conference rooms by an outside agency must be approved by a Division Director or EIPH Director and then scheduled through the district's Human Resource Specialist. With authorization, the conference rooms may be scheduled during regular business hours, evenings, and/or weekends. The Human Resource Specialist will then coordinate with the outside agency.
3. Fees for conference room rentals can be found on the district's website under the Fees tab (<http://www.eiph.idaho.gov/Fees/feesmain.html>). Then, click on the "Miscellaneous Fees" document.

*Fees may be waived by the Director in instances where the training/meeting being held in EIPH's conference/meetings by an outside agency is a benefit to EIPH employees.

4. No business or other public agency may use the district's other meeting rooms (Board Room, EH, FACHS, HPPS, WIC or satellite classrooms) outside of regular business hours (8:00 a.m. – 5:00 pm.)
5. Each division is responsible for their own classroom and conference room that they have granted the use of to an outside agency. This includes scheduling, set-up, and cleaning of the room. If assistance is needed with cleaning of a meeting room, a [*Service Request Form \(Appendix H\)*](#) should be completed and turned in to the Human Resource Specialist. EIPH will not provide custodial or IT assistance other than during normal working hours.
6. When any meeting room is scheduled to be used by an outside agency, the division submitting the request for approval must provide at least one district employee to be in attendance at all times and supervise the use of the room.

Since district maintenance staff does not check the cleanliness of the meeting rooms on a daily basis, any individual or group using a meeting room should empty the garbage at the end of the meeting IF FOOD IS INVOLVED. This will prevent unwelcoming odors from being created in the room.

7. If a room set-up or any computer or audio visual equipment is needed in any of the meeting rooms, a [*Conference Room Set-up Form \(Appendix I\)*](#) should be completed and given directly to the Human Resource Specialist **at least one week in advance**. No computer or audio visual equipment set up or take down by the IT staff will be approved other than during regular working hours. Outside agencies will need to provide their own equipment after regular business hours.

The use of audio visual equipment in the conference rooms should involve a test of any devices and software prior to any scheduled activity. When guests use EIPH's facilities, district personnel filling the role of host will need to ensure that district property is used according to district policies.

PLEASE DO NOT ATTEMPT TO USE THE EQUIPMENT UNLESS YOU HAVE BEEN TRAINED.

8. EIPH **WILL NOT** provide copies, faxes, or catering of refreshments to outside agencies using conference or meeting rooms.
9. It is the policy of EIPH not to allow **any** outside organizations or agencies to use/rent or occupy any office space or clinic rooms during normal office hours or after hours except in the case of public health emergencies.

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APPENDIX H: SERVICE REQUEST FORM

SERVICE REQUEST FORM

CLEANING MAINTENANCE SUPPLY

Office Location: _____ Date: _____

Person Making Request: _____

_____ Routine _____ Urgent

Request: _____

Additional Information: _____

Please send the request to Human Resources. Keep a copy for the Division.

+++++

Office Use

Date completed: _____

Completed by: _____

Supplies needed: _____

Time required: _____

Additional Information: _____

APPENDIX I: CONFERENCE ROOM SET-UP FORM

Name of Meeting: _____ Meeting Date(s): _____

Requested by: _____ Phone: _____ Today's Date: _____

Set-Up Time: _____ Start Time: _____ End Time: _____ # of Attendees: _____

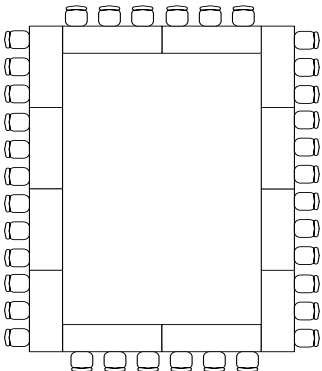
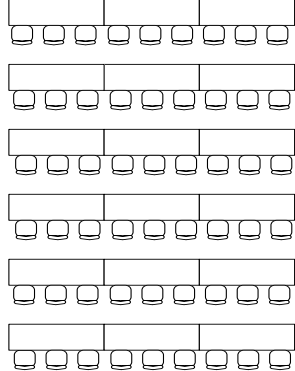
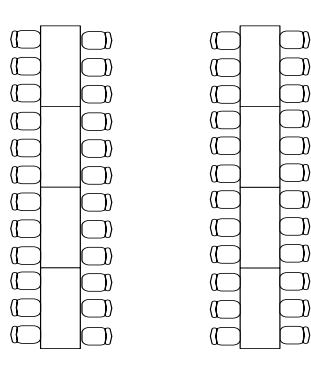
Room Needed:

<input type="checkbox"/> South Conference Room	<input type="checkbox"/> North Conference Room	<input type="checkbox"/> Both North & South Rooms
<input type="checkbox"/> HPPS Classroom	<input type="checkbox"/> FACHS Classroom	<input type="checkbox"/> Board Room
<input type="checkbox"/> WIC Classroom	<input type="checkbox"/> EH Classroom A	<input type="checkbox"/> Other: _____

Set Up:

<input type="checkbox"/> Chairs Only	<input type="checkbox"/> Tables & Chairs (mark layout below)	<input type="checkbox"/> Head Table for Presenter
<input type="checkbox"/> Podium	<input type="checkbox"/> Table(s) for handouts # _____	<input type="checkbox"/> Refreshment Tables # _____

Circle: (Hot / Cold)

A: Rectangle or U-Shape	B: Classroom	C: Rows	D: Other
			<p>Please draw how you would like the room set up</p>

A/V Equipment Needed (mark all that apply):

<input type="checkbox"/> Computer	<input type="checkbox"/> Projector	<input type="checkbox"/> Hand-held microphone	<input type="checkbox"/> DVD Player
<input type="checkbox"/> Audio System	<input type="checkbox"/> Screen	<input type="checkbox"/> Lapel Microphone	<input type="checkbox"/> VHS Player

Other Needs/Special Requests:

For Outside Agency Use:

Agency Name: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Fee: South Conference Room ☐ Half Day - \$75 ☐ Full Day - \$125

North Conference Room ☐ Half Day - \$50 ☐ Full Day - \$100 Total

After Hours/Weekend Use: # Hours _____ x \$40 per hour Cost: _____

Approved by: _____ Room Usage/Fee Information Provided: ☐

Notifications: ☐ Maintenance ☐ IT ☐ EH (if after hours/weekends) Other: _____

CONTINUING EDUCATION

EIPH believes continuing education to be an important part of a District employee's professional development.

Training and travel requests must have prior approval by Division Director using the Travel/Education Request Form (included in this policy). Approval will be based on available funds. Training must relate to employee's job responsibilities.